## Materials Order Form Commonwealth of Virginia Health Benefits Program

<u>Revised June 2006. Please Destroy All Prior Forms.</u>
Allow ten days for delivery of materials

FAX FORM TO: (804) 780-0198

Member Handbooks			Qty.
T20338	2006 COVA Care		
T20490	2006 COVA HDHP (Handbook mailed to members effective July 1.  No need to order except for new enrollees.)		
T20078	Medicare Advantage 65		
T20084	Medicare Dental/Vision		
	Pr	ovider Directory/Forms	•
T20436	Anthem Medical Directory of Providers		
T20485	HDHP Directory of Providers		
T20488	HDHP Brochure		
T20505	About Your Benefits Brochure		
D12348	Flexible Benefits Sourcebook		
110602	Anthem Claim Form		
T20492	Enrollment Form - Active Employees		
T20493	Enrollment Form - Retirees		
T20494	Enrollment Form - Extended Coverage		
Attn: Account  ▶ To order Delt	Services.  a Dental of Virginia m	all 1-866-725-0602. You may also fax a request t naterials, call Matt Macdonald at 1-800-533-4137 Medco Materials Order Form or call 1-800-316-9	x 8.
PLEASE PRINT OR TYPE DATE			·
Agency/Sub-Age	ency Number	/	
Name (Person F	Requesting Materials) _		
Agency Name_			
Shipping Addres *Orders cannot be d	ss*elivered to P.O. Box address	ees	
City		VA <b>Z</b> in	